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Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE
of information unless it displays a valid OMB control number.MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

(For use with Form PTO/SB/06)

Application Number
08/850,996Filing Date
May 5, 1997Applicant(s)
LYDECKER, George et al.

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	✓		✓		A	
2		✓		✓		A
3		✓		✓		A
4		✓		✓		A
5		✓		✓		✓
6		✓		✓		✓
7		✓		✓		✓
8		✓		✓		✓
9		✓		✓		✓
10		✓		✓		✓
11		✓		✓		✓
12		✓		✓		✓
13		✓		✓		✓
14		✓		✓		✓
15		✓		✓		✓
16		✓		✓		✓
17		✓		✓		✓
18		✓		✓		✓
19		✓		✓		✓
20		✓		✓		✓
21		✓		✓		✓
22		✓		✓		✓
23		✓		✓		✓
24		✓		✓		✓
25		✓		✓		✓
26		✓		✓		✓
27		✓		✓		✓
28		✓		✓		✓
29		✓		✓		✓
30		✓		✓		✓
31		✓		✓		✓
32		✓		✓		✓
33		✓		✓		✓
34		✓		✓		✓
35		✓		✓		✓
36		✓		✓		✓
37		✓		✓		✓
38		✓		✓		✓
39		✓		✓		✓
40		✓		✓		✓
41		✓		✓		✓
42		✓		✓		✓
43		✓		✓		✓
44		✓		✓		✓
45		✓		✓		✓
46		✓		✓		✓
47		✓		✓		✓
48		✓		✓		✓
49		✓		✓		✓
50		✓		✓		✓
Total Indep	4		8		7	
Total Depend	13		24		28	
Total Claims	17		32		35	

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	✓					
2		✓				
3		✓				
4		✓				
5		✓				
6		✓				
7		✓				
8		✓				
9		✓				
10		✓				
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43		✓				
44		✓				
45		✓				
46		✓				
47		✓				
48		✓				
49		✓				
50		✓				
Total Indep	1					
Total Depend	13					
Total Claims	14					

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

A=Amended C=Cancelled

PATENT APPLICATION FEE DETERMINATION RECORD					Application or Docket Number	
Attorney Docket No.: 3464-003					08/850,996	
CLAIMS AS FILED - PART I						
(Column 1)		(Column 2)		SMALL ENTITY		OR OTHER THAN SMALL ENTITY
FOR	NUMBER FILED	NUMBER EXTRA		RATE	FEE	RATE FEE
BASIC FEE (37 CFR 1.16(a))				\$ ____	OR	\$ 770
TOTAL CLAIMS (37 CFR 1.16(c))		17	minus 20 =	0	OR	x 32 =
INDEPENDENT CLAIMS (37 CFR 1.16(b))		34	minus 3 =	1	OR	x 78 =
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))				+ ____ =	OR	+ ____ =
* If the difference in column 1 is less than zero, enter "0" in column 2				TOTAL	OR	TOTAL 770
CLAIMS AS AMENDED - PART II						
(Column 1)		(Column 2)		SMALL ENTITY		OR OTHER THAN SMALL ENTITY
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	RATE ADDITIONAL FEE
Total (37 CFR 1.16(c))	* 32	Minus	** 20 = 12	x \$ ____ =	OR	x \$ 18 = 216
Independent (37 CFR 1.16(b))	* 8	Minus	*** 3 = 5*	x ____ =	OR	x 80 = 400
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+ ____ =	OR	+ ____ =
				TOTAL	OR	TOTAL 616*
AMENDMENT B						
(Column 1)		(Column 2)		SMALL ENTITY		OR OTHER THAN SMALL ENTITY
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	RATE ADDITIONAL FEE
Total (37 CFR 1.16(c))	* 35	Minus	** 32 = 3	x \$ ____ =	OR	x \$ 18 = 54
Independent (37 CFR 1.16(b))	* 7	Minus	*** 8 = -1	x ____ =	OR	x 80 =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+ ____ =	OR	+ ____ =
				TOTAL	OR	TOTAL 54
AMENDMENT C						
(Column 1)		(Column 2)		SMALL ENTITY		OR OTHER THAN SMALL ENTITY
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	RATE ADDITIONAL FEE
Total (37 CFR 1.16(c))	* 14	Minus	** 35 = -15	x \$ ____ =	OR	x \$ 18 = 270
Independent (37 CFR 1.16(b))	* 1	Minus	*** 8 = -5	x ____ =	OR	x 80 = 400
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+ ____ =	OR	+ ____ =
				TOTAL	OR	TOTAL 670

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.